



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Booneville

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12400413
Outpatient Patient Service Revenue	\$42789676
Total Gross Patient Service Revenue	\$55190089

2. Deductions From Revenue

Contractual Allowance	\$34015796
Other Deductions	\$1676904
Total Deductions	\$35692700

3. Total Operating Revenue

Net Patient Service Revenue	\$18464392
Other Operating Revenue	\$-93735
Total Operating Revenue	\$18370657

4. Operating Expenses

Salaries and Wages	\$5519300	Employee Benefits	\$1636874
Depreciation and Amortization	\$809726	Interest Expense	\$110415
Bad Debt	\$1032996	Other Expenses	\$10901375
Total Operating Expenses	\$20010686		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-607032	Total Assets	\$11209963
Net Non-operating Gains over Loss	\$-16500	Total Liabilities	\$13184543

Total Net Gains	\$-623532
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29911166	\$19948132	\$9963034
Medicaid	\$9823571	\$8448755	\$1374816
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15455353	\$6197518	\$9257835
Total	\$55190090	\$34594405	\$20595685

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$49523	\$-49523

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1098296
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$352487	
HCI Payments	\$0		
Subtotal	\$0	\$352487	\$-352487
Medicaid Shortfalls	\$1133772	\$4166123	
Subtotal	\$1133772	\$4518610	\$-3384838
DSH Payments	\$0		
Subtotal	\$1133772	\$4518610	\$-3384838
Medicare Shortfalls	\$9819150	\$9599694	
Other Government Programs	\$0	\$0	
Total	\$10952922	\$14118304	\$-3165382

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26750	\$-26750
Community Assessment	\$0	\$25690	\$-25690
Provision of Taxes	\$0	\$1013345	\$-1013345
Other Allocations	\$0	\$0	\$0

Comments

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